

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Democratic Socialists of America, Inc.			3. FEC Identification Number C C90015413
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 75 Maiden Lane Suite 702			
(c) City, State and ZIP Code New York NY 10038			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/ /

5. COVERING PERIOD:

FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

10200.61

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Maria Svart

Maria Svart

08/26/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee
123inkjets.com

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 16 / 2015Mailing Address 2828 Cochran St.
Ste 283

Amount

10.81

Transaction ID : F57.4166

Purpose of Expenditure
toner for copiesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Betsy Avila

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 15 / 2015Mailing Address 75 Maiden Lane
Suite 702

Amount

135.00

Transaction ID : F57.4165

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Betsy Avila

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 30 / 2015Mailing Address 75 Maiden Lane
Suite 702

Amount

101.25

Transaction ID : F57.4164

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

247.06

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 9
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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Elena Blanc

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 30 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

79.04

City State Zip Code

New York

NY

10038

Transaction ID : F57.4163

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Clarix Technologies

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 16 / 2015

Mailing Address 1000 Pittsford Victor Rd.

Amount

22.68

City State Zip Code

Pittsford

NY

14534

Transaction ID : F57.4162

Purpose of Expenditure
Software for online eventCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Congo Square Market, c/o Southside Community Center

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 31 / 2015

Mailing Address 305 S. Plain Street

Amount

30.00

City State Zip Code

Ithaca

NY

14850

Transaction ID : F57.4172

Purpose of Expenditure
tabling fee for community marketCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 131.72

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 9
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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Dr. Dons Buttons

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 02 / 2015

Mailing Address 3906 W. Morrow Drive

Amount

1128.29

Transaction ID : F57.4107

Purpose of Expenditure
bumper stickers (to be reimbursed)Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

FedEx Office

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 25 / 2015

Mailing Address 3111 14th Street NW

Amount

120.56

Transaction ID : F57.4161

Purpose of Expenditure
copiesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Konika Minolta Premier Finance

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 15 / 2015Mailing Address 1310 Madrid Street
Suite 101

Amount

53.75

Transaction ID : F57.4160

Purpose of Expenditure
copying cost for flyers (period July 9 - Aug 15)Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1302.60

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 9
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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Jim McClanahan

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 28 / 2015

Mailing Address 1745 Timber Wolf Dr.

Amount

570.51

Transaction ID : F57.4159

Purpose of Expenditure
fundraising calling feesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Jim McClanahan

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 18 / 2015

Mailing Address 1745 Timber Wolf Dr.

Amount

1316.58

Transaction ID : F57.4158

Purpose of Expenditure
fundraising calling feesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Pitney Bowes

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 01 / 2015Mailing Address Attn: Box 371887, 500 Ross St.
Suite 154-0470

Amount

377.80

Transaction ID : F57.4157

Purpose of Expenditure
postage to send materials to grassroots activistsCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2264.89

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 9
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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Staples

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 16 / 2015

Mailing Address 742 S. Meadow St. #2

Amount

Transaction ID : F57.4156
6.00City State Zip Code
Ithaca NY 14850Purpose of Expenditure
paper for copyingCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Staples, Dept 51-7811326924

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 15 / 2015

Mailing Address PO Box 689020,

Amount

Transaction ID : F57.4155
26.96City State Zip Code
Des Moines IA 50368Purpose of Expenditure
paper for copying flyers (period July 9 - Aug 15)Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 02 / 2015Mailing Address 75 Maiden Lane
Suite 702

Amount

Transaction ID : F57.4154
1128.29City State Zip Code
New York NY 10038Purpose of Expenditure
reimbursement for bumper stickersCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1161.25

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 06 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

4.50

Transaction ID : F57.4150

Purpose of Expenditure
reimbursement of internet on airplane feeCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 06 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

35.15

Transaction ID : F57.4152

Purpose of Expenditure
reimbursement of cab fareCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 06 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

23.50

Transaction ID : F57.4153

Purpose of Expenditure
reimbursement of cab fareCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For:
2016 ☒ Primary ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

63.15

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

07 / 15 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

384.30

Transaction ID : F57.4149

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

07 / 30 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

259.40

Transaction ID : F57.4148

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Maria Svart

Date of Public Distribution/Dissemination

08 / 14 / 2015

Mailing Address 75 Maiden Lane

Suite 702

Amount

96.08

Transaction ID : F57.4147

Purpose of Expenditure
Salary (plus tax and benefit costs) for work producing
independent expendituresCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 739.78(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 9
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NAME OF FILER (In Full)

Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Ocala Wings

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 28 / 2015

Mailing Address 3326 Wintergreen Dr.

Amount

2177.35

Transaction ID : F57.4146

Purpose of Expenditure
fundraising calling feesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Ocala Wings

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 18 / 2015

Mailing Address 3326 Wintergreen Dr.

Amount

2112.81

Transaction ID : F57.4145

Purpose of Expenditure
fundraising calling feesCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

4290.16

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

10200.61

(carry total from last page forward to Line 7)